CUDWORTH
URBAN DISTRICT COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND THE

SANITARY INSPECTOR

FOR THE YEAR ENDED 31st DECEMBER, 1955

MEDICAL OFFICER OF HEALTH:

R. S. HYND, M.B., Ch.B., D.P.H.

C U D W O R T H

U R B A N D I S T R I C T C O U N C I L

A N N U A L R E P O R T

OF THE

MEDICAL OFFICER OF HEALTH

AND THE

SANITARY INSPECTOR

FOR THE YEAR ENDED 31ST DECEMBER, 1955.

CUDWORTH URBAN DISTRICT COUNCIL

M E M B E R S

Chairman:	Councillor B. Bateman, J.P.
Vice Chairman:	Councillor J. Gillespie.
	Councillor S. Hearne.
	Councillor E. Burkinshaw.
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MEDICAL OFFICER OF HEALTH

R. S. Hynd, M.B., Ch.B., D.P.H.

DEPUTY MEDICAL OFFICER OF HEALTH

R. Barnes, B.A., M.R.C.S., L.R.C.P., D.P.H.

SANITARY INSPECTOR

Maurice Bennett.

CUDWORTH URBAN DISTRICT COUNCIL

Divisional Health Office,
6, Victoria Road,
BARNSLEY

August, 1956.

ANNUAL REPORT
for the Year ended 31st December, 1955.

To the Chairman & Members of the
Cudworth Urban District Council.

Mr. Chairman and Gentlemen,

I have the honour to present to you my Annual Report on the health and social conditions of your Urban District for the year ended 31st December, 1955. The report has the same general outline as those for previous years and includes a survey of the health services for which the County Council is the administrative authority. A brief statement of, and comment upon, the hospital arrangements have also been included.

The vital statistics, in general, were satisfactory. The birth rate was higher than in 1954 and both the adjusted death rate and the infant mortality rate were lower. The peri-natal mortality rate was relatively unchanged. The incidence of notifiable infectious diseases was somewhat higher mainly due to a greatly increased incidence of Whooping Cough.

Good housing progress was maintained last year and I welcome, not only the completion of 94 houses by the Council, but also the steps the Council took to deal with unfit houses under a Clearance Order. Just as a well planned and well kept housing estate is a source of pride to the community equally so is the slum area a finger of rebuke. It is pleasant to feel that the new housing programme is so far advanced that a start can be made in demolishing those houses that are no longer worthy of the title.

My thanks are due to the Members and Officials of the Council for the interest, co-operation and support they have given me.

I am,
Your obedient Servant,

R. S. HYND.

Medical Officer of Health.

URBAN DISTRICT OF CUDWORTH

Statistics and Social Conditions

Area	1,746 acres.
Registrar General's estimate of population mid 1955	8,770.
No. of inhabited houses according to the Rate Book 1st April, 1956 ...	2,710.
Rateable Value, 1st April, 1956	£53,432.
Nett product of a Penny Rate 1955/56 ...	£128.

The principal occupations of the inhabitants of the district are coal-mining and railway transport. No major difficulty was met last year in finding work for young people leaving school. The boys, in the main, entered the mining industry or found employment in the engineering firms in Barnsley. The majority of the girls obtained jobs in one or the other of the two small textile factories in the district while the remainder found work in the factories and shops in Barnsley.

VITAL STATISTICS

Live Births

	Males	Females	Total
Legitimate	84	78	162
Illegitimate	1	2	3

The number of live births registered showed an increase of 12 over the previous year. 50% of the mothers were confined in hospital as compared with 46% in 1954. The Registrar General again supplied a comparability factor which relates the proportion of women in the district of child-bearing age with the proportion in a standard population. The crude birth rate multiplied by the comparability factor gives an adjusted rate which is comparable with adjusted birth rates in other districts and with the birth rate for the country as a whole. The adjusted birth rate for your district last year was 18.1 per 1,000 estimated population as compared with 16.8 per 1,000 estimated population in 1954 and with 15.0 per 1,000 estimated population for England and Wales. The excess of births over deaths, or the natural increase of population, was 92 as compared with 69 in the previous year.

Premature Births

13 babies were born prematurely last year, 10 of whom were born in hospital. Two of these premature babies died but the others survived and prospered.

Still Births

5 Stillbirths were notified last year as compared with 2 in 1954. The stillbirth rate was 29.4 per 1,000 total live and still births as compared with 18.8 per 1,000 total births in 1954 and with 23.1 per 1,000 total births for England and Wales.

Deaths.

The adjusted death rate, which is the crude death rate multiplied by the comparability factor, was 10.1 per 1,000 estimated population as compared with 12.2 per 1,000 estimated population in 1954 and with 11.7 per 1,000 estimated population for England and Wales. There were 70 deaths among the inhabitants of your district during the year as against 85 deaths in the previous year. The principal causes of death in order of numerical importance were: heart and circulatory diseases, cancer, respiratory diseases. Statistics relating to death rates and the causes and ages at death are given in tabular form at the end of the section on vital statistics.

Infant Mortality

There were 4 infant deaths last year with an infant mortality rate of 24.2 per 1,000 live births as compared with 32.5 per 1,000 live births for the previous year and with 24.9 per 1,000 live births for England and Wales. 2 of the deaths occurred during the neo-natal period from causes which were congenital in origin.

In my annual report for 1954 I expressed the view that stillbirths and the early neo-natal deaths should be considered together for, fundamentally, the causes of death were the same. If this view is related to the events of last year we find that though there was a decrease in the neo-natal deaths this was counter-balanced by an increase in the number of stillbirths. The peri-natal mortality rate, therefore, was relatively unchanged as compared with the previous year and was about the same as that for England and Wales.

There is an unfortunate tendency for lay persons to regard stillbirths as an unpleasant but natural hazard of pregnancy for which nothing can be done. The view is quite erroneous for the death of an infant is important whether or not the infant was born alive. The stage has largely been reached when infant deaths which could have been prevented by better mothercraft and teaching have, in fact, been prevented and while our infant welfare efforts cannot be relaxed our worries on this score are, at least, rapidly diminishing. There remains, however, the problem of stillbirths and neo-natal deaths from causes clearly related to the ante-natal period, and progress in the prevention of these deaths has been much slower than the progress made in the prevention of deaths from post-natal causes. Further research is required and more attention must be given to ante-natal care. It cannot be expected that all babies will be born alive and survive, but we must always strive for this ideal state, be clear in our ideas and strong in our purpose.

INFANT MORTALITY IN 1955

Nett deaths from stated causes under one year of age.

Cause of death	Under one week	1 - 2 weeks	2 - 3 weeks	3 - 4 weeks	Total under 4 weeks	1 - 3 months	3 - 6 months	6 - 9 months	9 - 12 months	Total under 1 year
Congenital Malformations	1	--	-	-	1	-	-	-	-	1
Prematurity	1	-	-	-	1	-	-	-	-	1
Gastro-Enteritis	-	-	-	-	-	2	-	-	-	2
Total	2	-	-	-	2	2	-	-	-	4

CAUSES OF DEATH IN 1955

	Causes of Death	Males	Females	TOTAL
1.	Tuberculosis, respiratory	1	-	1
2.	Tuberculosis, other	-	-	-
3.	Syphilitic Disease	-	-	-
4.	Diphtheria	-	-	-
5.	Whooping Cough	-	-	-
6.	Meningococcal Infections	-	-	-
7.	Acute Poliomyelitis	-	-	-
8.	Measles	-	-	-
9.	Other infective and parasitic diseases	-	1	1
10.	Malignant neoplasm, stomach	2	1	3
11.	Malignant neoplasm, lung, bronchus ...	3	1	4
12.	Malignant neoplasm, breast	-	-	-
13.	Malignant neoplasm, uterus	-	3	3
14.	Other malignant and lymphatic neoplasms	4	2	6
15.	Leukaemia, aleukaemia	-	-	-
16.	Diabetes	-	-	-
17.	Vascular lesions of nervous system ...	3	8	11
18.	Coronary disease, angina	4	1	5
19.	Hypertension with heart disease ...	1	-	1
20.	Other heart disease	4	4	8
21.	Other circulatory disease	1	-	1
22.	Influenza	-	-	-
23.	Pneumonia	2	1	3
24.	Bronchitis	4	2	6
25.	Other diseases of respiratory system	-	-	-
26.	Ulcer of stomach and duodenum	-	-	-
27.	Gastritis, enteritis and diarrhoea ...	1	1	2
28.	Nephritis and nephrosis	-	1	1
29.	Hyperplasia of prostate	2	-	2
30.	Pregnancy, childbirth, abortion ...	-	-	-
31.	Congenital malformations	-	1	1
32.	Other defined and ill-defined diseases	8	2	10
33.	Motor vehicle accidents	-	-	-
34.	All other accidents	-	-	-
35.	Suicide	-	1	1
36.	Homicide and operations of war ...	-	-	-
	All causes	40	30	70

DEATHS IN AGE GROUPS

	Males	Females	TOTAL
Under 1 year	2	2	4
1 - 5 years	-	-	-
5 - 10 years	-	1	1
10 - 15 years	-	-	-
15 - 20 years	-	-	-
20 - 25 years	-	-	-
25 - 35 years	1	1	2
35 - 45 years	1	-	1
45 - 55 years	6	3	9
55 - 65 years	8	9	17
65 - 70 years	2	3	5
70 - 75 years	8	2	10
75 - 80 years	6	5	11
80 - 85 years	3	3	6
85 - 90 years	3	-	3
90 years and over	-	1	1
Totals	40	30	70

PRINCIPAL VITAL STATISTICS FOR THE YEAR

1955

Based on the Registrar General's Figures

	Cudworth Urban District	Aggregate W. Riding Urban Districts	West Riding Admin. County	England and Wales (provisional figures)
Birth Rate per 1,000 estimated population:				
Crude	18.8	14.8	15.3	15.0
Adjusted	18.1	14.9	15.4	15.0
Death Rate per 1,000 estimated population:				
Crude	8.0	12.5	11.7	11.7
Adjusted	10.1	12.7	12.3	11.7
Infective and parasitic diseases excluding Tuberculosis but including Venereal Diseases	0.11	0.06	0.07	Not available
Tuberculosis:				
Respiratory	0.11	0.11	0.11	0.13
Other	0	0.02	0.01	0.02
All forms	0.11	0.13	0.12	0.15
Cancer	1.82	2.03	1.90	2.06
Vascular lesions of the nervous system	1.25	2.09	1.90	Not available
Heart and circulatory diseases	1.71	4.71	4.39	"
Respiratory diseases	1.03	1.28	1.21	"
Maternal Mortality	0	0.45	0.67	0.64
Infant Mortality	24.2	25.2	26.2	24.9
Stillbirths	29.4	26.4	26.4	23.1

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

The provision of residential accommodation for the aged and infirm and for those in need of care and attention is the responsibility of the County Council. Accommodation for those applicants to whom a flight of stairs presented no real difficulty was always readily available but once again ground floor accommodation was limited, and at certain times of the year was insufficient to meet all demands. The lack of accommodation in hospitals and hostels for the chronic sick and the aged infirm is a problem which affects many areas of the country; indeed an effective solution to the problem seems impossible without extensive building projects or radical re-arrangement, where possible, of the existing accommodation. An increase in the domiciliary nursing services and home help schemes might help but would leave, at least, part of the accommodation problem unsolved.

In previous annual reports I have discussed the hospital and hostel facilities separately for the management of the hospitals is no responsibility of the local health authority and therefore no responsibility of mine. But while there may be divided administrative responsibility, from a medical viewpoint there is no clear-cut division between the aged sick and the aged infirm for, in general, both groups suffer from the same degenerative changes with only the question of degree separating them. This separation is not always very evident for, in time, the aged infirm worsen and merge imperceptible with the aged sick. Accommodation for this large group of the community, the aged, whether sick or infirm, must therefore be considered as one problem and not two and how much better it would be if the responsibility for the problem was held by one authority, and not two as at present.

I have said that an extension of the local health authority's domiciliary services, while useful, cannot afford a complete solution of the accommodation problem. Home conditions or the absence of a home so often determines the need for hospital or hostel admission and conversely the same factors govern the question of discharge.

It is a common experience that aged people seek hostel accommodation because they live alone and no longer feel equal to the task, live in lodgings and feel lonely, or live with relatives and feel a burden to the family. A recent survey revealed that two thirds of the aged living in hostels were single, widowed or divorced, a finding which I think underlines the experience which I have just related. Again the discharge from chronic sick hospitals or hostels for the aged is largely governed by home conditions for there must be a home for the aged to return to before discharge can be considered. The longer the aged remain in hospital or hostel the less likely it is that they will have a home, for houses and family life tend to break up with prolonged absence. In considering the residential accommodation requirements for the aged it must be recognised, therefore that a large proportion of the aged will remain in a hospital or hostel indefinitely for the hospital or hostel will to them become their home. To make the maximum use of both types of accommodation there must be the fullest liaison between the hospitals and hostels to allow of easy interchange of patients as the circumstances dictate. When free interchange between chronic sick hospitals and hostels proves impossible, with neither authority able to help the other, then accommodation problems worsen. Free interchange will always be difficult with divided control and, in my view, if this divided control is to remain it is essential that both authorities discuss together the whole question of accommodation for the aged, see each other's difficulties and try to formulate a common plan.

At the other end of the scale the question of the availability of sufficient beds in mental deficiency institutions and sufficient places in occupation centres are equally related. The question of how many institutional beds for mental defectives are required is not governed entirely by strictly medical factors but is equally dependent on the home conditions of the defective and the adequacy of the occupation centre provisions. It is most depressing to have to report that no progress whatsoever was made last year in the conversion to an occupation centre of that part of The Gables, Wombwell, which was previously used as the Divisional Health Office. The need for the conversion has long been proved and accepted by the County Council, the children are waiting and ready to go but apparently the starter, with his gun, is still missing. I'm sure the local community would be grateful for any knowledge of his whereabouts.

Comment on the hospital provision for the acute sick, maternity patients and those suffering from infectious diseases can be brief for the services provided were, as always, both adequate and good.

It is also a pleasure to be able to report that in no instance was it necessary to take action under Section 47 of the National Assistance Act, 1946.

General Hospital

The general hospitals serving your district are given below. Their administration rests with the Leeds and Sheffield Regional Hospital Boards through the local hospital management committees.

Leeds Regional Hospital Board:

1. Clayton Hospital, Wakefield.
2. General Hospital, Wakefield.
3. Leeds General Infirmary..

Sheffield Regional Hospital Board:

1. The United Group Hospitals, Sheffield.
2. The Beckett Hospital, Barnsley.
3. The St.Helen Hospital, Barnsley.

Infectious Diseases Hospitals.

All infectious diseases requiring hospital admission were admitted to the Kendray Hospital, Barnsley. The ambulance arrangements were the same as in the previous year, the hospital retaining its own ambulances for this service.

Maternity Hospitals

Maternity cases were usually admitted to the following hospitals:

1. The St. Helen Hospital, Barnsley.
2. Pindar Oaks Maternity Home, Barnsley.
3. Manygates Hospital, Wakefield.
4. Hallamshire Maternity Home, Chapeltown.

The services of the Jessop Hospital, Sheffield, and the Maternity Hospital, Leeds, were also available for abnormal obstetric cases.

Tuberculosis Scheme

The co-operation between the Chest Centre and the Health Department continued and, consequently, the essential link between the curative and preventive aspects of Tuberculosis was maintained. The two whole-time Tuberculosis Visitors, while employed by the local health authority, had, for practical reasons, their day-to-day duties arranged by the Chest Physician. This very effective arrangement enhanced the value of their work for they came to know the tuberculosis patient and his contacts equally and were able to give advice to both alike.

The after-care arrangements included extra nourishment, when recommended by the Chest Physician, in the form of a free milk allowance and bed, bedding and other nursing equipment was issued on loan to patients where necessary. The Home Help service was also available when required.

The programme of the clinics held at the Chest Centre, 46 Church Street, Barnsley, is given below:

Tuesday,	10.0a.m. to 12.0 noon (children)
Wednesday,	10.0a.m. to 12.0 noon.
Wednesday,	2.0p.m. to 4.0 p.m.
Thursday,	10.0a.m. to 12.0 noon.
Friday,	10.0a.m. to 12.0 noon.

Venereal Diseases

The nearest centre for Cudworth patients for the diagnosis and treatment of venereal diseases is in Barnsley.

Address: Special Treatment Centre,
Queen's Road,
BARNSLEY.

Other centres are situate in Sheffield, Rotherham, and Wakefield, and a patient is at liberty to attend at the centre of his choice. Treatment is completely confidential.

Ambulance Service

The expected formula of increased calls on the ambulance service was again realised last year. Admission to and discharges from hospitals remained relatively steady as were the transfers between hospitals, but the out-patient traffic once more showed an increase. It is worthy of note, however, that the increase of approximately 17,000 further out-patients carried was the smallest annual increase so far recorded since the inception of the County Ambulance Service. The responsibility for deciding whether a patient needs ambulance transport to a hospital out-patient department rests with the hospital for all journeys other than the original. To ensure the correct usage of ambulances, hospital ambulance officers have been appointed and their co-operation with the ambulance service has done much to keep the out-patient demands within reasonable bounds. The ambulance service which, while free to all, is nevertheless costly of of operation. The mis-use of ambulances must be avoided, for mis-use not only increases cost but also decreases efficiency.

The increase in the volume of road traffic resulted in a regrettable further increase of 1,720 accidents carried to hospital as compared with 1954.

Two diesel engined ambulances were tried last year and proved both comfortable to the patients and economical in running costs and maintenance. It is expected that 30 more vehicles of this type will be added to the ambulance strength during the current year. A new radio station to be sited in Hoyland has also been planned for completion in 1956, which will give improved radio-telephonic communication in South Yorkshire.

Home Nursing

The Home Nurses in the division made 57,400 visits last year and almost every type of illness came under their care. The majority of visits, over 26,000 were to medical cases, 9,000 were to surgical cases and largely represented visits to patients recently returned from hospital after an operation, 700 were to tuberculosis patients and the remainder included visits to infectious diseases and puerperal complications. An interesting statistic was the 21,300 injections given by the nurses for widely different diseases and using a wide range of drugs. This astonishing figure, I think, illustrates more clearly than any other statistic the change in the character of home nursing since the war for I venture to suggest that, pre-war, little use was made of home nurses for injection thereby. Indeed the term injection as applied to nursing duties was more commonly associated with the given of enemata.

Another statistical feature worthy of note was the wide age range of the patients visited. At one end of the scale you find the aged sick and infirm receiving almost 60% of the total visits whilst at the other end you find over 1,000 visits were made to children under the age of 5 years. It has long been recognised that old people should be treated at home whenever possible and whenever home circumstances allow. It is now becoming equally well recognised that the same preference for domiciliary treatment, as opposed to hospital treatment, should apply to the young child, though perhaps for a somewhat different reason. The extension of home nursing to young children is to be welcomed and is an aspect of home nursing which will assume an ever increasing importance in the years ahead.

Home treatment by the family doctor, aided when necessary by the home nurse has long been a traditional feature of medical practice in this country and its importance and value to the community is no less to-day, even though the great advance made in medical science and knowledge has increased the complexity of modern therapy. There has, however, been a tendency in recent years for hospital treatment to be sought more frequently by more people. While there may be many reasons for this, the tendency is to be deprecated if it is to lead to the community as a whole developing a hospital fixation complex. Hospitals are our second line of defence against disease and should not be regarded as the sole repository of medical knowledge. To treat every illness in hospital, irrespective of its nature and causation, would be for the nation a very expensive step backwards. One of the fundamental principles in medicine is to treat the patient rather than his disease, and the application of this principle is easier in the natural environment of the home than in the more laboratory-like atmosphere of the hospital. An efficient domiciliary nursing service can help to create the right conditions for home treatment and should be given every opportunity with encouragement to expand if necessary.

Home Helps

In most parts of the country the home help service has become largely a welfare service for the aged and infirm, a situation which has arisen not because of a deliberate policy of the local health authorities, but because of the overwhelming needs of the aged as compared with the other sections of the community. The administration of the service, and indeed its future planning, is, of necessity, governed by the needs and demands of the aged even it if means, to some extent, sacrificing the interests of the rest of the community. Whether this is a good or bad thing may be a matter of opinion, but it is a practical necessity which probably meets with the full approval of the majority of the people.

Last year almost 90% of the available home help hours were given to the households of the aged and infirm and the demands on the service showed the expected increase. On average, 300 households per week were assisted as against 240 in 1954 and because the authorised establishment of home helps remained unchanged, the average weekly assistance given to aged applicants was reduced from 6 - 7 hours to 4 - 5 hours. Indeed, even this figure would not have been possible if additional help had not been obtained from the central reserve pool.

Most people agree that the present residential accommodation for the aged sick and infirm, whether in hospital or hostel, is inadequate and various schemes which will lessen the demand for residential accommodation have been suggested. It has been suggested that some relief in this direction could be obtained if the home help scheme were expanded. I have commented elsewhere on this suggestion, but I must repeat my view that once an aged person requests residential accommodation there is usually no satisfactory alternative which will completely meet his needs and circumstances. If the home help service is to be increased, with a view to relieving the strain on the residential accommodation, then the increase, to be of practical value, must be large. It is for those who hold the financial responsibility to decide on what size the increase should be and I offer no suggestion.

Whatever one's views on what is the optimum domestic help that should be given to the aged there is one medical fact which must be born in mind. It is bad policy to create conditions which must eventually lead to the aged becoming too dependent on the assistance of others. Old people should be encouraged to retain their spirit of independency and to challenge their physical infirmities by doing as much as they can for themselves. A continued acceptance of life's challenge is of greater importance to the well-being of the aged than the unlimited provision of bath chairs.

Laboratory Service

The laboratory service was provided by the Public Health Laboratory in Wakefield, a national service under the control of the Medical Research Council. The laboratory is equipped to deal with all bacteriological and pathological examinations and a complete investigation is undertaken and report furnished for every specimen sent for examination.

Samples of milk taken under the Food and Drugs Act for chemical analysis were were examined by the Public Analyst at Bradford at the expense of the County Council.

Maternity and Child Welfare

The Maternity and Child Welfare centre is situated in the St.George's Hall. Infant Welfare clinic are held each Wednesday with morning and afternoon sessions and ante-natal clinics are held each Friday morning.

It is often said that "it is best to leave well alone" and I am tempted to accept that advice for all is well at your clinics. The attendances last year were extremely good at both clinics proving that the work of the clinic staff is appreciated by the mothers and family doctors alike. The clinics in Cudworth are accepted as an integral part of the medical scheme for the community and there is a harmony of purpose between the family doctors, whose main function is to treat disease, and the clinics, whose main function is prevention. Let us see that this spirit of harmony and unity always prevails.

Officially the clinic staff consists of the doctor and the nurses yet there is a third group of people whose work does much to create that feeling of warmth and friendliness which is indispensable to a successful clinic. In Cudworth, as in all the divisional welfare clinics, there is a group of public spirited ladies who each week, year in and year out, give their service quite voluntarily to the clinic. They help with the sale of infant food, with the distribution of record cards, with toddlers, with the raising of funds for Christmas parties and summer trips, with the making of the all-important cup of tea. They are, in fact, part and parcel of the clinic life without whose assistance the clinics would lose much of their warmth and friendliness. These ladies ask for nothing but the pleasure they get from their voluntary service and, I believe, might feel lost without the clinic. It is nice, however, to acknowledge that, equally, the clinic might be lost without them.

Infant Welfare Clinic - Attendances during 1955.

		No.of children who attended during year.	Total attendances Under 1 year.	Over 1 year.
St.George's Hall, CUDWORTH. Dr. M. Scott.	Wednesday, 10 a.m. to 12.0. noon 2.0.p.m.to 4.0 p.m.	469.	3,403.	2,262.

Ante-Natal Clinic - Attendances during 1955.

		No. of women who attended during the year.	Total number of attendances made by women during the year.
St.George's Hall, CUDWORTH. Dr. M. Scott.	Friday, 9.30 a.m.to 12.0. noon	235.	1,033.
		Post-Natal examinations: 91.	

MENTAL HEALTH SERVICE

The statistics relating to mental defectives in the division are given below:

	Under 16		Over 16	
	Males	Females	Males	Females
Statutory Supervision ...	23	22	43	51
Guardianship	-	-	-	2
Voluntary Supervision ...	-	-	22	24

The Mental Health Social Workers are statutory bound to visit Statutory Supervision and Guardianship cases at six monthly intervals. However, in quite a number of cases it is necessary to visit more frequently for parents appreciate their help in trying to avert family crises which sometimes arise from the defective's behaviour pattern. The Social Workers are always willing to give whatever assistance they can to help smooth out problems which, from time to time, arise in a defective's life.

Perhaps the greatest problem is keeping the defectives adequately occupied for it is the unoccupied defective who is most likely to become beyond parental control. Occupation centres, where the defectives attend daily and acquire a necessary discipline and a sense of social responsibility, are the obvious solution to the problem. Such centres, in addition to helping the defectives, are of equal help to the mothers for it is they who normally bear the brunt of finding suitable occupation and amusement in the home and who, with the establishment of occupation centres, can happily carry on a normal household routine knowing that their children are in capable hands.

At present 15 defectives are attending the Barnsley Occupation Centres and 4 are attending the Hemsworth Centre, but there are still 16 defectives under the age of sixteen years and 20 defectives over that age awaiting admission to Occupation Centres. The extent of the waiting list for admission to an Occupation Centre emphasises the urgent need for the opening of The Gables, Wombwell, as an Occupation Centre and as I have stated elsewhere in the report I regret I can report no progress on this project.

It is intended that the mental defectives awaiting Occupation Centre vacancies from Wombwell, Darfield and Worsbrough, together with those already attending other Centres from these districts will be admitted to the Wombwell Occupation Centre. The vacancies created at the Barnsley Occupation Centre by the withdrawals of the Wombwell, Worsbrough and Darfield defectives will be filled by the defectives from Royston, Cudworth and Darton who are awaiting admission to Occupation Centres.

In an endeavour to give training to the defectives who are awaiting admission to centres a home training programme, under a qualified home teacher, has been devised. The programme includes group training classes and visits to defectives' homes where advice and training is given. I set out opposite particulars of group training classes in the division.

Day	Time	Place	No. attending
Tuesday	9.30 - 4.0 p.m.	The Gables, WOMBWELL.	14
Wednesday	9.30 - 4.0 p.m.	"	14
Thursday	9.30 - 2.30 p.m.	Ambulance Hall, WORSBROUGH BRIDGE.	8
Friday	10.0 - 4.0 p.m.	Old Infants' School, DARTON.	8

It will be noted that no group training classes were provided last year for the Royston and Cudworth children, but this was remedied in May this year when a class was established in Royston and at which 16 children, from Cudworth as well as Royston, already attend. In some instances defectives attend more than one group training class and are showing the benefit of regular training. Training is given in good habits, social behaviour, sense training, handicrafts (knitting, rug making, needlework, embroidery, etc.), singing, dancing, speech therapy and household duties. Where defectives will respond training is given in elementary reading, writing, arithmetic, money values, etc.

The shortage of accommodation in mental deficiency institutions and mental hospitals has been mentioned elsewhere in the report, but three vacancies for mental defectives were found last year which were gladly accepted. It is necessary for the mental health social workers to keep under constant review the possible institutional requirements for mental defectives based on an appraisal of the social conditions. There are 16 cases in the division where accommodation will be required in the event of a breakdown in the family pattern and two cases whose urgent claims are being pressed with the Regional Hospital Board.

The Regional Hospital Board, in an attempt to relieve the situation, has from time to time made short-stay vacancies available of up to one month's duration. These short-stay vacancies, even when they do not meet the full requirements of the situation, are nevertheless of considerable help for they give parents a little time for rest and relaxation which, so often, the continual care of a defective child never allows.

A steady rate of employment of high grade defectives has been maintained and 37 males and 22 females are in regular employment. It has been established that some high grade defectives, although taking much longer to absorb a routine job, will eventually give, under supervision, useful service. It is gratifying to find that there are still some employers who knowing the limitations of mental defectives will nevertheless employ them and give them every encouragement in their work.

There has been a steady increase in the work under Section 28 of the National Health Service Act, 1946, and many home visits have been made by the Mental Health Social Workers.

Patients discharged from mental hospitals are visited within one month of their return home to determine whether the improvement in their mental health has been maintained. In the event of a relapse, the patient is referred to the Out-Patients' Psychiatric Clinic at Beckett Hospital. The Mental Health Social Workers attend these clinics, which are held each Tuesday and Wednesday afternoons, and act as

the co-ordinating officers between the clinic and the various local health authority departments and do whatever field work is required by the consultant psychiatrist.

Mental Health after-care is a field of work still largely unexplored but the social workers in the division have at least made a beginning, and worthwhile results will eventually accrue.

SCHOOL HEALTH SERVICE.

In giving a brief statistical summary of the work of the School Health Service, I would refer to two aspects of the work to which I made mention in my last annual report and which can now be reported upon in greater detail. As both are directly concerned with prevention of Tuberculosis, though each approaches the subject from somewhat different angles, the two aspects might better be considered together.

Tuberculin Testing of Primary School Entrants. B.C.G. Vaccination.

Both the tuberculine testing of primary school entrants and B.C.G. vaccination of the thirteen-years old group are now an integral part of the school health service, but neither procedure is done without the written consent of the parents. I am glad to be able to state that the percentage acceptance rates in both instances were high. The information yielded by the tuberculin testing of the younger age group has been compared with similar results obtained from the older age group. As the survey appeared to warrant it, an enquiry was also made into the attack rates of tuberculosis in the various districts and the percentage of the population on the Tuberculosis register. A further enquiry was made into the incidence of tuberculous milk in the area.

The findings from the various districts in the survey have been collated by my deputy, Dr.R.Barnes, and are as follows:

Tuberculin Testing of School Entrants.

The routine Survey of school entrants with a tuberculin jelly test, which was commenced in 1954 in the Wombwell, Worsborough, Darfield and Dodworth Urban districts, was this year extended to the whole of my Division, I give overleaf details of testing.

It will be appreciated that these surveys are conducted in association with the school medical inspection programme, which is arranged according to the school year. It is, therefore, inevitable that some schools will be included twice in the calendar year. This does not mean that the same children are included in the survey twice, as only the new entrants are examined.

During the course of this survey many children were found to be positive reactors who were already known contacts of cases of tuberculosis, and who were already attending the Chest Physician for observation. These children represent the difference between the number of positive results (column 3) and the number referred to Chest Physician (column 6). A further line has been added, under the totals for each Urban District, excluding these children from the Survey and representing the number of new positive reactors discovered. This still leaves the Dodworth Urban District with a percentage much higher than all other districts. It was thought that this might be due to a higher prevalence of the disease there and an investigation was made into the attack rate in the seven Urban Districts over the last five years. The results are shown in Table 11, together with the proportion of each population who were on the Tuberculosis register at 31st December, 1954.

District	No. of children offered Tuberculin	No. of parents accepting	No. of positive results	% Acceptance	% Positive	No. referred to Chest Physician
WOMBWELL						
Total No. of children in the Survey	513	396	11	77.2	2.75	11
Totals without known contacts	513	396	11	77.2	2.75	11
WORSBROUGH						
Total No. of children in the Survey	330	280	9	84.8	3.2	4
Totals without known contacts	325	275	4	84.6	1.4	4
DARFIELD						
Total No. of children in the Survey	140	126	7	90.0	5.5	4
Totals without known contacts	137	123	4	89.8	3.2	4
DODWORTH						
Total No. of children in the Survey	93	76	8	81.7	10.5	7
Totals without known contacts	92	75	7	81.5	9.3	7
CUDWORTH						
Total No. of children in the Survey	157	147	6	93.6	4.0	3
Totals without known contacts	154	144	3	93.5	2.1	3
DARTON						
Total No. of children in the Survey	300	225	7	75.0	3.1	6
Totals without known contacts	299	224	6	74.9	2.6	6
ROYSTON						
Total No. of children in the Survey	160	141	6	88.1	4.2	6
Totals without known contacts	160	141	6	88.1	4.2	6
TOTALS FOR THE DIVISION ...	1,691	1,391	54	82.3	3.8	41
TOTALS WITHOUT KNOWN CONTACTS	1,678	1,378	41	82.1	2.9	41

TABLE II

District	% of Positive Tests	% of (+)ive tests excluding contacts	Attack Rate /100,000 over 5 yrs. Total	Pulmonary	Non-Pulmonary	% of Population on Register at Dec., 1954.
DODWORTH	10.5	9.3	98.6	93.9	4.7	0.64
DARFIELD	5.5	3.2	143.2	127.3	15.9	0.95
ROYSTON	4.2	4.2	140.3	103.4	36.9	0.52
CUDWORTH	4.0	2.1	105.0	95.9	9.1	0.58
WORSBROUGH	3.2	1.4	99.8	84.3	15.5	0.52
DARTON	3.1	2.6	91.0	77.0	14.0	0.51
WOMBWELL	2.75	2.75	144.9	115.0	29.9	0.81
Divisional Totals	3.8	2.9	119.6	100.9	18.7	0.64

This research does not produce much correlation with the survey, especially in respect of the Dodworth Urban District. It will be noticed that there is poor correlation too in respect of the Wombwell Urban District, but this might be accounted for by a poor acceptance rate in two schools, one of which might be expected to be in an area of high incidence. This, however, is a matter of speculation and cannot easily be proved. When the results obtained from this survey are reviewed, in association with the tuberculin testing of thirteen-years old children for the B.C.G. Vaccination scheme, it can be seen that quite a marked degree of correlation is obtained suggesting that the incidence of a high percentage in Dodworth is significant as seen in Table III.

TABLE III

District	B.C.G. Scheme % Acceptance	% Positive	Tuberculin Entrants Scheme % Acceptance.	% Positive.
DODWORTH	98.0	40	81.7	10.5
DARFIELD	99.0	35	90	5.5
ROYSTON	79	23.5	88.1	4.2
CUDWORTH	89	30	93.6	4.0
WORSBRO'	88	20	84.8	3.2
DARTON	87	30.5	75.0	3.1
WOMBWELL	81	26.5	77.2	2.75
Divisional	85	29.4	82.3	3.8

The next matter to be considered was, whether the milk supply was a factor in this discrepancy. An order was made by the Minister in April, 1953, under Section 23 of Milk and Dairies Artificial Cream Act, 1950, making these Urban Districts specified areas under the Act. The children in this Survey were mostly born in 1950. It may be assumed that very little raw milk is consumed in the first year of life, but this still means that these children could have been exposed to tuberculous raw milk during two years of their life. A check was made of samples of milk found to be tuberculous over the last five years, but again Dodworth Urban District was not outstanding. It will be interesting to see if the percentage of positive reactors diminishes over the next two years, because this will give some guide as to whether milk has been a major factor. Failing this, it must be assumed that this small community contains some undiagnosed foci of infection.

The whole Survey was carried out with the generous co-operation of the Chest Physician. At the end of the year, only two families had failed to co-operate in submitting themselves for clinical and radiological examination at the chest clinic. These families have since agreed to attend. Despite this co-operation and the high acceptance rate for the test, it is surprising that no adult cases were discovered, especially in view of the American results in this type of Survey. Several adults were advised, by the Chest Physician, to attend the Pneumoconiosis Board, but otherwise the results in terms of contact-tracing were poor. Nevertheless, I feel this is a worth-while procedure and that it should be continued because the factor of infection by milk will soon be removed, and in two years time this type of Survey should give some direct correlation with active foci of infection. It must be noted, however, that in some districts (e.g. Worsborough), the known contacts of active tuberculosis accounted for a large proportion of the positive reactors. Throughout the Survey contact with general practitioners has been maintained, and they have been kept informed of radiological and other findings through this office.

Routine School Medical Inspections were carried out by Dr.S.G.A.Henriques at the undermentioned schools:-

Cudworth Snydale Road Junior Mixed School.

Cudworth Snydale Road Infants' School.

Cudworth Pontefract Road Infants' School.

Cudworth St.Mary's Roman Catholic School.

Cudworth Secondary Modern Girls' School.

Cudworth Secondary Modern Boys' School.

Cudworth Pontefract Road Junior Mixed School.

Summary of Defects found:

School visited	No. of children examined	DEFECTS FOUND						No. passed for Treatment
		Ocular	E.N.T.	Heart	Lungs	Ortho-paedic	Others	
Snydale Road J.M.	80	23	4	2	3	5	16	13
Snydale Rd.Infants	102	3	15	-	3	4	5	7
Pontefract Rd.Infts.	47	1	6	-	4	-	9	2
St. Mary's R.C.	61	12	6	-	1	2	5	9
Sec. Modern Girls'	61	16	2	1	-	3	6	12
Sec. Modern Boys'	52	13	6	-	-	3	1	11
Pontefract Road J.M.	55	23	1	-	3	2	8	15
	458	91	40	3	14	19	50	69

CLINICS

SCHOOL CLINICS

No. of individual children who attended and were seen by Doctor.

St. George's Hall,
Barnsley Road, CUDWORTH. 403.

SPECIAL CLINICS

Ophthalmic Clinic. (72 sessions held in 1955)
Dr. N.L.McNeil, M.B., D.O.M.S., Ophthalmologist.

No. of children examined ... ... 269.

Orthopaedic Clinics. (10 sessions held in 1955)
Mr. T.L. Lawson, F.R.C.S., Orthopaedic Surgeon.

No. of children examined ... ... 81.

Ear, Nose & Throat Clinics. (12 sessions held in 1955)
Mr. W.L. Rowe, F.R.C.S., E.N.T. Surgeon.

No. of children examined ... ... 57.

Paediatric Clinics (1 clinic per month)
Dr. C.C. Harvey, M.D., M.R.C.P., Paediatrician.

No. of children examined 41

Speech Therapy Clinic
Mrs. P.J. Battye, L.C.S.T., Speech Therapist.
(Resigned July, 1955.)

No. of children seen 8
Total Attendances 87

Child Guidance Clinic

Dr. M.M. Mactaggart, M.A.,B.Ed.,Ph.D.,
Educational Psychologist, (Resigned July 1955.)

Dr. S.M. Leese, Psychiatrist, (From October, 1955.)

No. of children examined 13
Total attendances 29

Sun-Ray Clinic (2 sessions per week)

No.of individual children attending ... 29
Total attendances made 568

MINOR AILMENTS CLINICS

No. of individual children treated by Health Visitors 196

Total attendances 273

SANITARY CIRCUMSTANCES OF THE AREA

Housing

The number of inhabited houses at the end of the year was 2,710. 95 new houses were completed of which 94 were built by the Council. A more detailed report on the housing situation is given in the report of the Sanitary Inspector.

Water Supply

The Council's water supply is obtained from the Barnsley County Borough reservoir at Ingbirchworth and Midhope, near Penistone. The supply, despite the drought, was sufficient in quantity throughout the year and was regularly tested for purity by the County Borough.

GENERAL EPIDEMIOLOGY

Notifiable diseases other than Tuberculosis	Number notified	Admitted to Hospital	Deaths
Scarlet Fever	16	11	-
Measles	137	1	-
Whooping Cough	70	1	-
Pneumonia	5	2	3
Erysipelas	2	-	-
Poliomyelitis - Paralytic	2	2	-
Dysentery	1	1	-
Meningococcal Infection	1	1	-
Food Poisoning	1	1	-

The following Table gives the age distribution of cases of Infectious Diseases notified during the Year.

Notifiable Disease	Under 1 yr.	1-4	5-14	15-24	25-44	45-64	65 & over
Scarlet Fever	-	4	12	-	-	-	-
Whooping Cough	4	26	40	-	-	-	-
Poliomyelitis	-	-	1	1	-	-	-
Measles	7	77	52	-	-	-	-
Pneumonia	-	-	-	-	4	1	-
Erysipelas	-	-	-	-	-	1	1
Dysentery	-	1	-	-	-	-	-
Meningococcal Infection ...	-	1	-	-	-	-	-
Food Poisoning	-	-	-	-	1	-	-

Scarlet Fever

16 cases of Scarlet Fever were notified last year as compared with 18 in the previous year. The disease was relatively mild in character, free from complications and convalescence was usually rapid and uninterrupted.

Measles

There were 137 cases of Measles notified last year as compared with 101 cases in 1954. The epidemic which began in the December of the previous year continued until the middle of February when it began to wane rapidly. Practically all the cases occurred in the first two months of the year. The illness, in general, was not severe and only one child required admission to hospital.

Whooping Cough

70 cases of Whooping Cough were notified last year, nearly all in the final quarter. As far as can be ascertained none of the children affected had previously been immunised against the disease.

There was a fall in the number of infants immunised last year when only 52 were immunised as against 93 in the previous year. Because of the outbreak of Polio in the Barnsley area all immunisation and vaccination procedures were suspended for a period of four months. This temporary set-back undoubtedly affected the immunisation figures which should, I feel, show improvement this year.

Smallpox and Diphtheria Prophylaxis

Great efforts were made at the clinic last year to convince parents of the need for infant vaccination and these efforts were, I feel, crowned with quite considerable success. 46 babies were vaccinated or about 26% of the infant population as compared with only 5% in 1954. I cannot expect the percentage of vaccinated babies always to increase at this rate but I do hope for further progress.

The overall diphtheria immunisation statistics were also improved last year but there was a slight reduction in the percentage of pre-school children immunised, a reduction entirely due to the suspension of immunisation during the Polio epidemic. The figures for last year showed that 78% of all children in the district between the ages of 0 - 14 years were immunised with 52.7% of the children in the age group 0 - 4 years and 90.3% of the children in the age group 5 - 14 years protected.

Poliomyelitis

Two cases of Poliomyelitis were reported last year, the first was an adult who made a complete recovery and the second a child aged 5 years who, unfortunately, was left with quite an appreciable degree of residual paralysis and who is still undergoing treatment in an orthopaedic hospital. Neither case was connected with the epidemic of Poliomyelitis last year which, surprisingly, but fortunately, missed your district.

A full report on the epidemic has been submitted to the Council but it might be appropriate to quote the final paragraphs here. I wrote -

"Perhaps the most interesting feature of the epidemic, for which I can offer no satisfactory explanation, was the freedom of the Urban District of Cudworth from the disease. The district has an estimated population of 8,800 and lies in the north-east portion of the division contiguous with the Urban Districts of Royston, Hemsworth and Darfield and the County Borough of Barnsley, all of whom reported cases. While a good bus service for the district to Barnsley and neighbouring areas is available most of the population work within the boundaries of the district or in the coal-mines immediately adjacent to the district at Carlton, Monk Bretton and Grimethorpe. No cases occurred in the first two districts and only two cases were reported from Grimethorpe. The explanation for the absence of the disease in Cudworth may be that because of insufficient opportunities for contact among the inhabitants with cases or carriers, the carrier rate never became high enough to start an epidemic.

This thesis is not particularly strong, but it offers an alternative explanation to that of good fortune and pure chance.

The epidemic, I think, clearly proved the limited value of general preventive measures when applied to the population. Immediate segregation of cases or suspected cases in hospital proved easy, but the complete surveillance of contacts, if normal industrial commitments were not to be unduly upset, was always difficult. Perhaps the greatest obstacle to prevention was the probable large numbers of unknown healthy carriers circulating freely amongst the population. The true prevention of epidemic Poliomyelitis must rest in the production of a satisfactory prophylactic and the maintenance of a high level of immunity in all ages of the population. "

We must wish the greatest success to the Polio vaccination programme embarked upon this year.

Tuberculosis

4 new cases of Tuberculosis were notified during the year, all of whom had Pulmonary lesions. There was one death from Pulmonary Tuberculosis.

Earlier in the report I referred to the happy co-operation between the Health Department and the Chest Centre. The beneficial effects resulting from this close association is well illustrated in two facets of tuberculosis prevention in which both departments were engaged last year. The first was concerned with the tuberculin testing of all primary school entrants, which has as its primary object the tracing of possible sources of infection in the community. Obviously in a young child the main sources of infection, discounting milk which, if not coming from tuberculin tested herds, has been compulsorily pasteurised in the district since September, 1953, must lie in the family, for young children do not usually have lengthy associations with any but members of their family.

The value of tuberculin testing primary school entrants was dependent, therefore, not only on the full investigation of the tuberculin positive child but equally on the full investigation of all the members of the family. That this proved possible was due to the co-operation of the Chest Physician and the sound common-sense shown by the families concerned.

The second example related to the B.C.G. Vaccination of the senior school children which has as its purpose the protection of susceptible young people through the first years of their working life and the difficult years of adolescence. It is obviously desirable that these young people should be under medical surveillance during this period and the Chest Physician has gladly arranged to undertake this work and to make periodic examinations and X-Ray tests. The success of the scheme will depend on the co-operation of those vaccinated, but I am certain the scheme will not fail through lack of effort by the staff of the Chest Centre.

The fight against Tuberculosis has been waged for very many years, but with the newer and more powerful weapons of treatment and prevention now in our hands victory is assured and maybe is not so very far off.

Tuberculosis - Record of Cases during 1955.

	Pulmonary M.	Pulmonary F.	Non-Pulmonary M.	Non-Pulmonary F.
No. of cases on Register at 1st January, 1955	19	28	4	-
No. of cases notified for the first time during the year	2	2	-	-
No. of cases restored to register	1	-	-	-
No. of cases added to register other-wise than by notification	-	-	-	-
No. removed to other districts	-	3	-	-
No. cured or otherwise removed from register ...	1	3	-	-
No. died from disease	1	-	-	-
No. died from other causes	1	-	-	-
Total at end of 1955	19	24	4	-

Tuberculosis - New Cases and Mortality in 1955

Age Periods	NEW CASES Pulmonary	NEW CASES Non-Pulmonary	DEATHS Pulmonary	DEATHS Non-Pulmonary
0 - 1	-	-	-	-
1 - 5	1	-	-	-
5 - 10	1	-	-	-
10 - 15	1	-	-	-
15 - 20	-	-	-	-
20 - 25	-	-	-	-
25 - 35	-	-	-	-
35 - 45	-	-	-	-
45 - 55	1	-	-	-
55 - 65	-	-	-	-
Over 65	-	-	1	-
Total ...	4	-	1	-

REPORT OF THE SANITARY INSPECTOR FOR YEAR 1955

The Chairman and Members of the Cudworth Urban District Council and to the Medical Officer of Health, Dr. Hynd.

Gentlemen,

The following is a tabulated statement showing the work carried out by the Sanitary Inspector during 1955.

Total number of inspections made for nuisances only	207
Nuisances in hand at end of 1954	15
Nuisances found in 1955	74
Total needing abatement	89
Nuisances outstanding at end of 1955	19
Nuisances abated during 1955	70
Informal notices served in 1955	74
Legal notices served in 1955	43
Informal notices complied with	70
Statutory notices complied with	43
No. of legal proceedings	2

DRAINAGE AND SEWERAGE

There were no sewer extensions during 1955.

Portions of the district still requiring sewering are Storrs Mill area and Weetshaw Lane area.

There are 62 houses not connected to a public or private sewer owing to there being no sewer available in the vicinity of the houses.

SEWAGE DISPOSAL WORKS

There were no extensions at the sewage works during 1955 and there appears to be no inadequacy of sewage disposal works. There were no complaints from the Rivers Board during 1955.

CLOSET ACCOMMODATION

Number of privies with covered ash-pits	16
Number of pail closets or chemical closets	14
Number of pedestal water closets	2997
Total number of closets	3027
Percentage of closets on clean water carriage system	99.07%
Number of additional closets provided for old property	1
Number of closets constructed for new houses	95

PUBLIC CLEANSING

Removal of refuse has continued to be carried out by the Council throughout the whole of its area during 1955. There is a once-weekly collection. The service is operated through the Surveyor, Mr. Hinchliffe.

DISPOSAL OF REFUSE

The whole of the refuse collected is disposed of at the Council's Weetshaw Lane refuse tip where a tip attendant maintains the surroundings in an orderly state. A second tipping space is available but is not in daily use on land attached to the Cudworth Cricket field in Snydale Road.

WATER SUPPLY

The Barnsley County Borough Council supply the Cudworth Urban District Council with water, and the latter authority is responsible for its distribution throughout the district. There are approximately 2710 dwellinghouses in the Council's district and each has a supply laid on inside the house. The supply to the Crosby Street area was improved during 1955 by the laying of a new supply pipe.

No complaints were made to the Sanitary Inspector during 1955 on the quality of water supplied to households.

MILK SUPPLY

Six samples of milk were submitted to the public analyst. Costs of collection are borne by the Cudworth Urban District Council, costs of analysis by the West Riding County Council, and in each of the samples submitted the analyst reported "genuine milk".

During 1955 there were 13 retailers on the Council's register of retail milk sellers (principally shopkeepers). Cudworth is now in a region in which the delivery of milk to the consumer must be in a sealed container. The bulk of door-to-door deliveries is once daily by the Barnsley British Co-operative Society and Northern Dairies Ltd., operating from Barnsley.

The following are particulars of licences authorising the sale of designated milks in the Council's area:-

Barnsley British Co-operative Society, supplementary licences to retail pasteurised and tuberculin tested milk.
Northern Dairies Ltd., supplementary licences to retail pasteruised, tuberculin-tested and sterilised milk.
P.C.S. Milk Co. Ltd., supplementary licences to retail pasteurised and sterilised milk.

ICE CREAM

There are no manufacturers of ice cream within the Council's area. Twenty-six shopkeepers are registered for the sale of ice cream, which is principally of the pre-packed type. All the twenty-six shopkeepers have ice cream conservators in which the product is stored pending sale or consumption.

TENTS, VANS, SHEDS (Moveable dwellings used for habitation)

At December 1955 there were two living vans stationed on land forming part of Bleachcroft Farm. Upon application from the owners of the vans and the owner of the land for licences the Council refused to grant them, and in mid-January 1956 the two vans were removed from the site. It is reputed that the two occupiers took up residences outside the Council's district by purchasing a house.

SWIMMING BATHS AND BATHING POOLS

During the warmer months of the year the Council's open-air bathing pool in the Park was open as heretofore. To maintain the water in a "drinking water" condition there is continuous filtration, continuous chlorination and heating of the water in the bath during its circulation.

PREVENTION OF DAMAGE BY PESTS ACT 1949

During 1955 there were inspections of premises either by the Sanitary Inspector or the rodent operator (Mr. Harry Makings), 31 in all being made. Arising out of the inspections there were 20 infestations dealt with in co-operation with occupiers.

BYE-LAWS IN FORCE

In addition to bye-laws relating to the Mortuary, the Welfare Park, Nuisances and New Streets and Buildings which are in force in the Council's district, on the 16th June, 1955 the Water (Waste etc. Prevention) Bye-laws came into force.

WEST RIDING COUNTY COUNCIL (GENERAL POWERS) ACT 1951

To avoid undue delay in securing attention being given to houses considered to be in a defective state some use has been made during the year 1955 of Section 35 of the above Act. The procedure authorised to be taken ensures that more prompt action can be taken by the Council where the person receiving the notice to execute repairs shows unreasonable delay than is the case where the nuisances sections of the Public Health Act 1936 are used.

Some use has also been made of section 53 of the W.R.C.C.(G.P) Act which authorises the Sanitary Inspector to give prompt attention to chokages in drains, private sewers, water closets and soil pipes and during 1955 some £210 expenditure was incurred by the Council in executing works under the foregoing two sections where owners had not acted with sufficient promptitude, the various sums involved being recoverable from them.

SUMMARY OF VISITS OR INSPECTIONS MADE BY THE SANITARY INSPECTOR IN 1955

Under the Public Health Acts	300
Re-visits or re-inspections	128
Visits under the Housing Act (Clearance of unfit dwellings)	62
Slaughterhouse visits	220
Prevention of damage by Pests	31
Bakehouses	1
General Food Shops	4
Visits in connection with infectious disease	1
Fumigation after infectious disease	1
Defective drainage systems dealt with	19
Alleged dirty house examination	1
Visits on behalf of the Housing Committee to examine living conditions of applicants for tenancies	150
Visits on behalf of the Housing Committee to examine Council houses for maintenance of decorations and cleanliness	1061
Number of household removals arranged from private to local authority houses	17

HOUSING MATTERS

During 1955 the Council provided 94 new permanent type dwellings and 1 new dwelling was provided by private enterprise.

In March 1955 the Council made a Clearance Order in respect of 62 dwellings which had outlived their usefulness in the Sidcop Area. The Minister of Housing and Local Government confirmed the Order with a modification. One building was excluded from the Order - a grocer off-licensed shop. 223 persons are to be displaced. By 31st December 1955 five families had been re-housed from the area involving 17 persons and the five houses were demolished forthwith by the owner.

During the year two cases of overcrowding were found during examinations for clearance of unfit dwellings. Three families totalling 21 persons were found to be residing in two houses. It is hoped that the cases will be relieved by the Council during 1956.

SLAUGHTERING

The Appendix attached to this report is in the form required by the Ministry of Health.

APPENDIX

Carcases and Offal inspected and condemned in whole or in part

	Cattle (Excluding Cows)	Cows	Calves	Sheep & Lambs	Pigs	Horses
Number killed (if known)	234	174	9	No record	100	None
Number inspected	234	174	9	do	100	None
All diseases except tuberculosis & Cysticerci: Whole carcases condemned	2	0	0		3	
Carcases of which some part or organ was condemned	4	11	0		1	
Percentage of the number inspected affected with disease other than tuberculosis & cysticerci	2.5%	6.3%				
Tuberculosis only: Whole carcases condemned	0	0	0		0	
Carcases of which some part or organ was condemned	19	25	0		2	
Percentage of the number inspected affected with tuberculosis	8.07%	14.3%				
Cysticercosis: Carcases of which some part or organ was condemned	0	0	0		0	
Carcases submitted to treatment by refrigeration	0	0	0		0	
Generalised and totally condemned	0	0	0		0	